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City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

| File Number | Title | Status |
|-------------|-------|--------|
|-------------|-------|--------|

| | | |
|-----------|--------------------|--------------|
| 2003-0040 | Special Use Permit | In Committee |
|-----------|--------------------|--------------|

Special Use application submitted by Sisters of Charity of St. Joan Antida for an addition to the existing convent located at 2716 Root River Parkway.

Introduced: 1/21/2003

Controlling Body: Safety & Development Committee
Plan Commission

COMMITTEE RECOMMENDATION

File

MOVER: Lajsic AYES 5 NOES 0

SECONDER: Wiegman EXCUSED _____

COMMITTEE ACTION DATE 2/18/04

SIGNATURES OF COMMITTEE MEMBERS

Chair

Vice-Chair

COMMON COUNCIL ACTION **PLACE ON FILE**

FINAL ACTION DATE FEB 18 2004

MOVER:

Lajsic

SECONDER:

Barczak

| | AYE | NO |
|----------------------|-------------------------------------|--------------------------|
| 1. Barczak | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Czaplewski | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Kopplin | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Lajsic | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Murphy | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Narlock | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Reinke | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Sengstock | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Trudell | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Vitale | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>Wiegman</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TOTAL | <u>10</u> | <u>1</u> |

CITY CLERK REMIT \$300.00
SPECIAL USE PERMIT REMIT HC0503000023001 1/06/03 PAID
PAYOR: SISTERS OF CHARITY-ST JOAN ANTIDA I

Planning Application Form

City of West Allis ■ 7525 West Greenfield Avenue, West Allis, Wisconsin 53214
414/302-8460 ■ 414/302-8401 (Fax) ■ http://www.ci.west-allis.wi.us

Applicant or Agent for Applicant
Name TADHG McNERNEY
Company T.M.I. DESIGN GROUP
Address 7318 W. STEVENSON ST
City MILWAUKEE State WI Zip 53213
Daytime Phone Number 414 2537610
Project Name/New Company Name (If applicable) _____

Agent is Representing (Owner/Leasee)
Name _____
Company SISTERS OF CHARITY, ST JOAN ANTIDA
Address 8560 N. 76 PLACE
City MILWAUKEE State WI Zip 53223
Daytime Phone Number 414 754 9233

Check if the above is agent for applicant and complete Agent is Representing Section in upper right of form.
Agent Address will be used for all official correspondence.

- #### Application Type and Fee
- Request for Rezoning: \$400.00 (Public Hearing required)
Existing Zoning: _____ Proposed Zoning: _____
 - Request for Ordinance Amendment \$400.00
 - Special Use: \$300.00 (Public Hearing required)
 - Site, Landscaping, Architectural Reviews NA
 - Certified Survey Map: \$125.00 + \$12.25 for first page + \$3.00 for each additional page + \$30.00 County Treasurer
 - Planned Development District (Public Hearing required)
 - Residential: \$500.00
 - Industrial/Commercial: \$500.00
 - Subdivision Plats: \$125.00 + \$100.00 County Treasurer + \$25.00 for approval
 - Sign: Permit Fee _____
 - Conceptual Project Review _____
 - Street or Alley Vacation: \$250.00
 - Board of Appeals: \$100.00

Property Information

Property Address 2716 ROOT RIVER PARKWAY
Tax Key Number 521-9991-001
Current Zoning RA-1 SINGLE FAM.
Property Owner SISTERS OF CHARITY
Property Owner's Address 2716 ROOT RIVER PARKWAY
WEST ALLIS WI 53227
Existing Use of Property SINGLE FAM.
Lot Size 18655.84 SQ FT
Structure Size 2912 INCL GARAGE Addition NONE
Development cost estimate 42,000
Landscaping cost estimate _____
For multi-tenant buildings, area occupied _____
Previous Occupant _____

Attach legal description for Rezoning, Conditional Use or Planned Development District (PDD)

Description of Proposal

Details of proposal; plans of operation; hours of operation; frequency of deliveries to site; number of employees; description of any interior/exterior modifications or additions to be made to property; frequency of customer visits; any outside storage (dumpsters, trucks, materials...); number of parking stalls; screening/buffer type; any other information available.
PLEASE EXPLAIN IN DETAIL (Attach additional pages if necessary)

THIS PROJECT: IS TO PROVIDE 3 ADDITIONAL BED ROOMS & UPGRADE EXISTING BATH ROOMS, SO THAT THIS SINGLE FAMILY DWELLING MAY BE USED AS A RESIDENCE FOR 1-8 UNRELATED ADULTS (IE. SISTERS OF CHARITY MEMBERS)

That part of the Southwest one-quarter (1/4), of Section seven (7), Township six (6) North, Range twenty one (21) East, in the City of West Allis, County of Milwaukee, State of Wisconsin described as follows:

Attached Plans Include: (Application is incomplete without required plans, see handout for requirements)
 Site Plan Floor Plans Elevations Signage Plan Legal Description Certified Survey Map
 Landscaping/Screening Plan Grading Plan Utility System Plan Other _____
Applicant or Agent Signature Tadhg Mc Nerney Date: 01/06/2003

Subscribed and sworn to me this 6 day of January, 20 03
Notary Public: Hermise Coiteusiev
My Commission: 10-10-04

Please make checks payable to:
City Of West Allis

Please do not write in this box
Application Accepted and Authorized by: _____
Date: _____
Meeting Date: _____
Total Fee: _____

C: Steve Schaefer

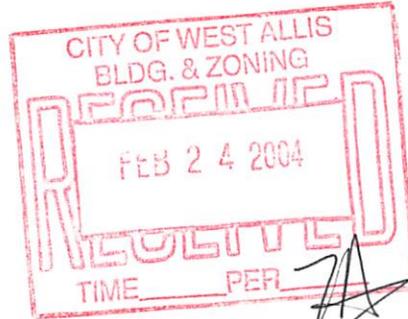


CITY OF WEST ALLIS

WISCONSIN



City Clerk/Treasurer Office



Paul M. Ziehler
City Administrative Officer
Clerk/Treasurer

Dorothy E. Steinke
Deputy City Treasurer

Monica Schultz
Assistant City Clerk

February 24, 2004

Sisters of Charity of St. Joan Antida
8560 N. 76th Place
Milwaukee, WI 53223

Handwritten signature/initials

Dear Sisters:

On February 18, 2004 the Common Council placed on file your Special Use Application to establish a convent and to construct an addition to the existing residence located at 2716 S. Root River Parkway.

Sincerely,

Handwritten signature: Monica Schultz

Monica Schultz
Assistant City Clerk

/dm

- cc: John Stibal
- ✓ Ted Atkinson
- Steve Schaer
- Barb Burkee
- Jason Williams
- Shaun Mueller
- Tadhg McInerney

3-4-04

Not Guilt.

Handwritten initials/signature